

**DECLARATION AND POWER OF ATTORNEY FOR
UNITED STATES PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

RAPAMYCIN ASSAY

the specification of which

[] is attached hereto.

[] was filed on , 19 as application Serial No. and, if these brackets contain an X [], was amended on ,

[X] was filed as Patent Cooperation Treaty international application No.

PCT/EP94/01006 on March 30, 1994 , if these brackets contain an X [], was amended under Patent Cooperation Treaty Article 19 on

, if these brackets contain an X [], entered the national stage in the United States on , 19 and was accorded Serial No. /

, and, if these brackets contain an X [], was amended on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge my duty to disclose all information which is known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate indicated below and of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States indicated below and have also identified below any foreign application(s) for patent or inventor's certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application for said subject matter the priority of which is claimed:

| <u>Country</u> | <u>Number</u> | <u>Filing Date</u> | <u>Priority Claimed</u> |
|---------------------|-----------------|---------------------|---|
| Great Britain _____ | 9307491.2 _____ | April 8, 1993 _____ | [<input checked="" type="checkbox"/>] Yes [<input type="checkbox"/>] No |
| _____ | _____ | _____ | [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No |
| _____ | _____ | _____ | [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No |
| _____ | _____ | _____ | [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No |
| _____ | _____ | _____ | [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No |

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application

| | |
|-------------------|--------------|
| <u>Serial No.</u> | <u>Filed</u> |
|-------------------|--------------|

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and of any Patent Cooperation Treaty international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date(s) of the prior application(s) and the national or Patent Cooperation Treaty international filing date of this application:

| <u>Application</u> | <u>Status (Pending, Abandoned or Patented)</u> |
|--------------------|--|
| <u>Serial No.</u> | <u>Filed</u> |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby appoint the following:

| | |
|---------------------|-----------------|
| ROBERT S. HONOR | Reg. No. 22,801 |
| THOMAS O. MCGOVERN | Reg. No. 25,741 |
| MELVYN M. KASSENOFF | Reg. No. 26,389 |
| JOSEPH J. BOROVIAN | Reg. No. 26,631 |
| DIANE E. FURMAN | Reg. No. 31,104 |
| CARL W. BATTLE | Reg. No. 30,731 |
| JOHN L. CHIATALAS | Reg. No. 31,818 |
| CAROL A. LOESCHORN | Reg. No. 35,590 |
| MICHAEL P. MORRIS | Reg. No. 34,513 |
| THOMAS C. DOYLE | Reg. No. 22,340 |

respectively and individually, as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trade-mark Office connected therewith. Please address all communications to ROBERT S. HONOR, SANDOZ CORPORATION, 59 Route 10, East Hanover, New Jersey 07936-1080, whose telephone number is 201-503-8485.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Sole inventor or

first joint inventor: Full name : Richard Sedrani
 Signature : Richard Sedrani
 Date : 16 October 1985
 Citizenship : Luxembourg
 Residence : Herrengrabeweg 15, CH-4054 Basle,
 Switzerland
 P.O. Address : same as above

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

Second joint inventor,

if any: Full name : Valérie Quesniaux Ryffel
 Signature : Valérie Quesniaux Ryffel
 Date : 20 October 95
 Citizenship : France and Switzerland
 Residence : Schützenweg 7, CH-4123 Allschwil, Switzerland

 P.O. Address : same as above

Third joint inventor,

if any: Full name :
 Signature : _____
 Date :
 Citizenship :
 Residence :

 P.O. Address : _____

Fourth joint inventor,

if any: Full name :
 Signature : _____
 Date :
 Citizenship :
 Residence :

 P.O. Address : _____

Fifth joint inventor,

if any: Full name :
 Signature : _____
 Date :
 Citizenship :
 Residence :

 P.O. Address : _____